



CAMEROON: THE WEANING PROJECT

Background

With funding from USAID's Office of Nutrition, The Manoff Group undertook The Weaning Project from 1984 to 1989. This worldwide effort sought to develop nutritionally sound and sustainable solutions to reducing young child feeding problems. Solutions were incorporated into programs and policies aimed at improving the nutritional and health status of weaning-age children. The Weaning Project assisted the development, implementation and evaluation of country projects in Cameroon, Ecuador, Ghana, Indonesia and Swaziland.

In 1985, the Manoff Group entered into a collaborative agreement with CARE, a U.S. private voluntary organization, in the Extreme North Province of Cameroon. This was the Weaning Project's only country activity that was implemented by a private voluntary organization rather than a governmental organization.

The Program

Project activities were designed to be an additional component of CARE's Northern Wells and Health Education Project in Mayo Tsanaga and Mayo Sava. Malnutrition rates for 3-59 month-old children were higher in this area than any other province in the country. Over the course of the project, educational activities were undertaken in 37 CARE health villages.

Assessment

Qualitative research was undertaken:

- to identify current weaning practices,
- to understand the reasons why villagers follow particular weaning practices,
- to identify major resistances to changing detrimental practices, and
- to determine the most useful motivators for change.

Research techniques included the use of focus group discussions, key informant and in-depth household interviews, anthropometric measures and participant observation. Some of the major findings are listed below.

- Millet water, which is believed to be nutritious, is given to babies less than three months old, as many as four times daily.
- Supplementary foods were usually introduced late, not given frequently enough, and not given in sufficient quantity.

- Options for communications were restricted to a basic community-based education program because of the enormous heterogeneity of the population and languages, low literacy, transportation difficulties, and lack of mass media.

Strategy Formulation

Members from CARE, The Manoff Group, a communications specialist from Atelier de Materiel Audio-Visuel and a representative from USAID/Cameroon developed a project strategy. The team thought it best to promote the use of traditional *bouille* enriched by adding milk, egg or peanut paste (all of which are locally available).

Messages were spread through interpersonal channels using CARE community development (not health) workers known as "animators". Animators were trained to give nutrition demonstrations, lead discussion groups, oversee growth monitoring sessions and counsel mothers at monthly village meetings. They also made follow-up visits to homes with undernourished children. Behavior objectives were:

- to improve the weaning-related knowledge and practices of mothers who have children 0-36 months of age;
- to reinforce the credibility, nutrition-related knowledge and the communication capabilities of the CARE animators;
- to increase mothers' confidence and self-esteem as regards their ability to raise healthy children.

Materials developed included 14 discussion cards for group discussions, eight counseling cards for individual sessions, and "action sheets" for distribution to mothers. Two posters for the health centers and other central locations were developed as well.

Implementation

CARE animators, supervisors and village health workers was trained in late 1987. Project activities were formally launched in March 1988. A mid-term monitoring review carried out in September 1988 found:

- the rainy season had interrupted scheduled bimonthly meetings,
- posters, if displayed at all, were not being displayed in highly visible areas,
- animators were still having difficulties using newly found communication skills such as leading discussions and listening,
- animators worked hard to counsel every single mother during growth monitoring sessions, and
- male animators were not conducting cooking demonstrations since it was culturally inappropriate

Evaluation

The impact evaluation consisted of a baseline survey in January 1988 and a follow-up survey carried out in March 1989. The intent was to measure improvements in mothers' knowledge and attitudes covered in the project messages, as well as their children's diets and nutritional status; and changes in indicators to try to attribute any to the social marketing program.

The impact evaluation was carried out in the Mayo Tsanaga region. The study population consisted of three major village groups were:

- the "old" treatment group of 11 villages in which some CARE health activities had already taken place prior to the baseline;
- the "new" treatment group of five villages that were to begin the CARE health program, and
- the seven comparison villages that were eligible for CARE's program but were not expected to be added during 1988.

Evaluation Findings

The evaluation suggested that the Weaning Project developed a potentially effective strategy of nutrition education for illiterate, hard-to-reach sub-Saharan African populations. The project demonstrated improved coverage and frequency of participation of mothers in nutrition-related activities as well as gains in maternal knowledge. Improvements in a few feeding practices were minimal.

Program Exposure

A large percentage of program participants became relatively regular attenders of nutrition education sessions, particularly in villages where there was no CARE health component. Over time, an increasing number of mothers considered the village health care workers to be a source of information on child feeding, which may have resulted from upgraded knowledge and communication skills of CARE health workers.

All program villages showed increased exposure to nutrition information.

- In "new" treatment villages, the percentage of participants in growth monitoring activities increased from 13.4% to 44.3% within six months.
- Almost 37% of mothers in the "new" villages had received individual counseling.
- The number of mothers who attended nutrition education sessions increased more than eight-fold to almost 90%.
- The majority of women who attended group sessions indicated that they attended almost all the sessions.
- Mothers' recall of program messages was high, particularly in the "new" villages.

Knowledge

The follow-up survey indicated that modest knowledge gains were made in each of the three groups. The differences in knowledge between baseline and follow-up surveys were similar for the "old" and control groups but much greater for the "new" treatment group. It is important to note that in the relatively short period (six to nine months) that the "new" villagers were exposed to the program, mothers were able to catch-up to their peers in the "old" villages. Notable achievements were particularly evident among mothers who had received one-to-one counseling.

Practices

Statistically significant gains were found in the percentage of mothers giving their children enriched porridge and fruits in the "new" villages. Small gains were noted for four of the six practices in the "old" villages.

Program Sustainability

As of 1992, CARE/Cameroon was continuing the efforts begun under the Weaning Project. CARE and the Weaning Project director were playing a lead role in a World Bank loan project designed to expand activities to several new provinces using methodology learned while working with the Weaning Project. An African Development Fund grant was also awarded to replicate activities in yet another high priority area.